

Student Information		
Last Name:	First Name:	
Grade:	D.O.B.	Gender: M F
Phone:	Email:	
Address:	City:	
Zip Code:	School:	

Parent / Guardian Information	
Name(s):	Email:
Home Phone:	Other Phone:

Medical Information	
Health Card #:	Health Card Expiry Date:
Medical Conditions or Allergies: (Please make special note of food allergies)	Medication(s) Currently Being Taken: (Please note medication names and times taken)

SCHOLARSHIP HELP	<input type="checkbox"/> YES	Student	Invited By: _____
I promise to abide by all rules and plans set forth by the leaders of Fusion/Salem First Baptist during the course of this event.			
Signature:		Date:	

Parent	
I / we are the legal guardians of the student named above and hereby give my/our permission for the named student to participate in Fall Camp with the leaders of Thrive / Salem First Baptist. I understand that in the event of an emergency that the leaders of Fusion/Salem First Baptist will do everything in their power to contact me personally, but that in the event that they are unable to do so, I / we give my / our permission for the leaders to seek necessary medical attention for the student named above. I understand that all normal safety precautions will be taken but as with any event serious injury or even death could result and thus release Salem First Baptist Church and its leaders from all liability. I also understand that SFB carries only liability Insurance, not medical insurance. Any medical bills become my responsibility.	
Signature:	Date:

Office Use Only		
Approved (Circle One): Yes / No	Paid:	Owed: